



**Royal Canadian Mounted Police  
Veteran's Association  
Manitoba Division**



**Associate Membership Application / Record  
Confidential**

Please Print Clearly

**A) Personal Information**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ - \_\_\_\_\_

Street

**e-mail:** \_\_\_\_\_

City

Province

Postal Code

**B) Next of Kin**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ - \_\_\_\_\_

Street

**e-mail:** \_\_\_\_\_

City

Province

Postal Code

**Relationship to Applicant:** \_\_\_\_\_

**C) Name of Spouse / Partner OR Name of Deceased Spouse / Partner**

\_\_\_\_\_

Name

\_\_\_\_\_

Reg. No.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return this completed form to:**

R.C.M.P. Veteran's Association  
PO Box 5650  
Winnipeg, Manitoba R3C 3K2

**Division  
Use Only**



**Announced:** Year/Month/

R.C.M.P. Veteran's Association  
Manitoba Division  
PO Box 5650  
Winnipeg, Manitoba R3C 3K2

**Notified:** Year/Month/Day

**Sworn In:** Year/Month/Day

\_\_\_\_\_  
(Chair, Division Membership Committee)

\_\_\_\_\_  
Date